



PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

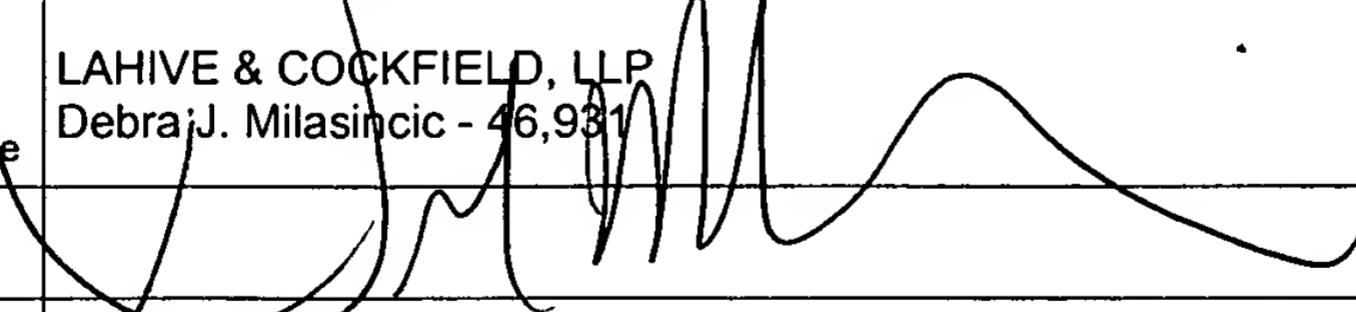
Application Number	09/667569-Conf. #8755
Filing Date	September 21, 2000
First Named Inventor	R. Rogers YOCUM
Art Unit	1652
Examiner Name	David J. Steadman
Attorney Docket Number	BGI-141CP

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	A pre-paid, acknowledgement postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

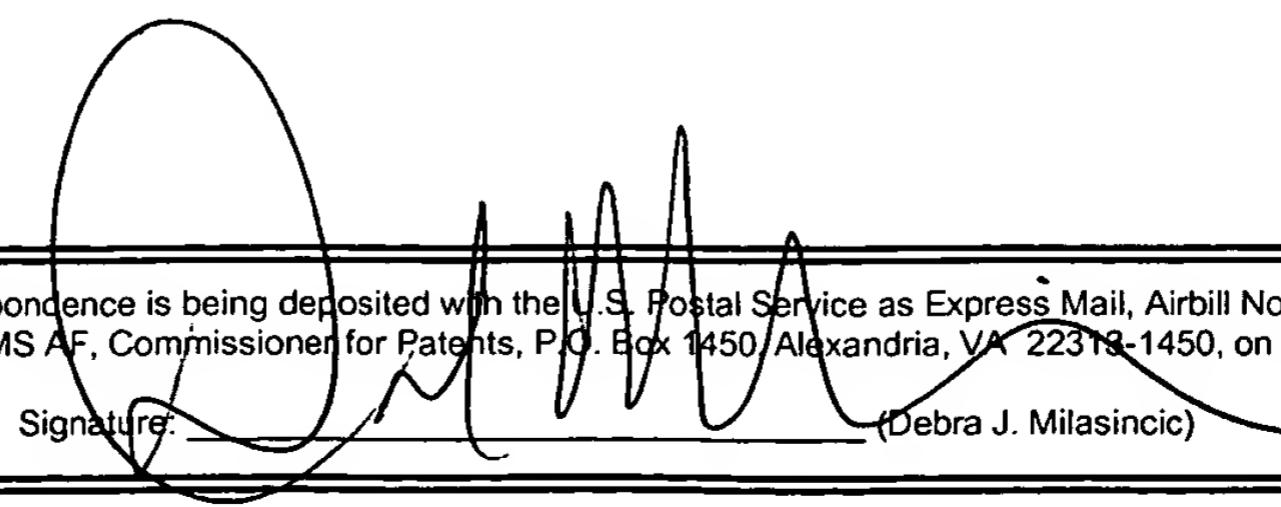
Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

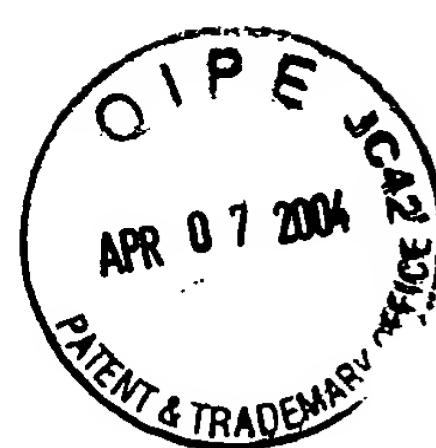
Firm or Individual name	LAHIVE & COCKFIELD, LLP Debra J. Milasincic - 46,931
Signature	
Date	April 7, 2004

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Dated: April 7, 2004

Signature: 

(Debra J. Milasincic)



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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,280.00)

Complete if Known	
Application Number	09/667569-Conf. #8755
Filing Date	September 21, 2000
First Named Inventor	R. Rogers YOCUM
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Art Unit	1652
Attorney Docket No.	BGI-141CP

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None

 Deposit Account:

 Deposit Account Number **12-0080**

 Deposit Account Name **Lahive & Cockfield, LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 1,280.00)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	<input type="text"/> x <input type="text"/>	= <input type="text"/>	
Independent Claims	<input type="text"/> x <input type="text"/>	= <input type="text"/>	
Multiple Dependent		= <input type="text"/>	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater; For Reissues, see above

Other fee (specify) _____

SUBTOTAL (3) (\$ 1,280.00)

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Debra J. Milasincic	Registration No. (Attorney/Agent)	46,931	Telephone	(617) 227-7400
Signature				Date	April 7, 2004

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